UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

IN RE: * CASE NO. 19-50672-WLH

*

Normandy MeShon Huff * CHAPTER 13

.

Debtor.

CERTIFICATE OF SERVICE

I certify that I served Debtor with a true and correct copy of the within and foregoing "Amendment to Chapter 13 Schedules B, C, I, J, Summary of Schedules and Statistical Summary" by depositing the same in the United States Mail with adequate postage affixed to ensure delivery and addressed as follows:

Normandy MeShon Huff 1702 Westhaven Drive SW Atlanta GA 30311

I further certify that Nancy J Whaley, the Chapter 13 Trustee, was served via the ECF electronic mail/noticing system.

DATE: 1/2/2021

/s/

Jason B. Lutz, GA Bar No. 670673

Attorney for Debtors

Clark & Washington, PC 3300 Northeast Expressway Building 3 Atlanta GA 30341

Phone: 404-522-2222 Fax: 770-220-0685

Email: ecfnotices@cw13.com

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| | | Document | Page 2 01 15 | | | |
|---------------------------------|---|--|---------------------------------|---------------------------|--|--|
| Dobtor 1 | ormation to identify your c | ase and this filing: | | | | |
| Debtor 1 | Normandy MeSho | n Huff | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| | | | | ON | | |
| United States i | Bankruptcy Court for the: | NORTHERN DISTRICT OF GEO | URGIA - ATLANTA DIVISI | ON | | |
| Case number | 19-50672-WLH | | _ | | Check if this is an | |
| | | | | | amended filing | |
| | | | | | | |
| Official F | orm 106A/B | | | | | |
| Schedu | ile A/B: Prop | <u>artv</u> | | | 12/15 | |
| | | items. List an asset only once. If | an asset fits in more than or | a category list the asset | | |
| hink it fits best. | Be as complete and accurate ore space is needed, attach a | e as possible. If two married peopl separate sheet to this form. On the | le are filing together, both ar | e equally responsible for | supplying correct | |
| Part 1: Describ | be Each Residence, Building, | Land, or Other Real Estate You O | wn or Have an Interest In | | | |
| 1 Do you own o | or have any legal or equitable | interest in any residence, building | a. land, or similar property? | | | |
| _ | | | ,,, | | | |
| No. Go to F | Part 2. | | | | | |
| ☐ Yes. Wher | e is the property? | | | | | |
| | | | | | | |
| Part 2: Descri | be Your Vehicles | | | | | |
| | drives. If you lease a vehicle | e, also report it on <i>Schedule G: E</i> lity vehicles, motorcycles | Executory Contracts and Ui | nexpired Leases. | | |
| 3.1 Make: | Toyota | Who has an interest in the | he property? Check one | | claims or exemptions. Put | |
| Model: | Rav4 XLE | Debtor 1 only | | | any secured claims on Schedule D: have Claims Secured by Property. | |
| Year: | 2019 | Debtor 2 only | | Current value of the | | |
| | nate mileage: 160 | Debtor 1 and Debtor 2 | only | entire property? | Current value of the | |
| | | _ | | chine property: | Current value of the portion you own? | |
| | ormation: | At least one of the deb | tors and another | chare property. | | |
| | | ☐ At least one of the deb ☐ Check if this is comm (see instructions) | | \$29,900.00 | portion you own? | |

Official Form 106A/B Schedule A/B: Property page 1

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| D | Normandy MeShon Huff Case number (if known) 19-506/2-W | /LH |
|----|---|-----------------|
| 6. | 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No | |
| | Yes. Describe | |
| | 3 BR, LR, DR | \$1,000.00 |
| 7. | 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic including cell phones, cameras, media players, games □ No ■ Yes. Describe | tronic devices |
| | 2 TVs, 1 Cellphone | \$50.00 |
| 8. | 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball ca other collections, memorabilia, collectibles No Yes. Describe | rd collections; |
| 9. | Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; can musical instruments No □ Yes. Describe | rpentry tools; |
| 10 | 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No □ Yes. Describe | |
| 11 | 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe | |
| | Clothing | \$200.00 |
| | | |
| 12 | 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No ■ Yes. Describe | |
| | Costume Jewelry | \$25.00 |
| 13 | 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No ■ Yes. Describe | |
| | 2 Dogs | \$50.00 |
| 14 | 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No | |

 \square Yes. Give specific information.....

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| De | ebtor 1 Normandy N | MeShon | Huff | ——————— | Case number (if known) | 19-50672-WLH |
|-----|---|------------------------------------|---|--|-------------------------------|---|
| 15 | | | | Part 3, including any entries for page | s you have attached | \$1,325.00 |
| Pa | rt 4: Describe Your Finar | ncial Asse | ts | | | |
| Do | you own or have any | legal or e | equitable interest | in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Cash Examples: Money you No □ Yes | | • | home, in a safe deposit box, and on hand | d when you file your petition | on |
| | institutions. | | | counts; certificates of deposit; shares in its with the same institution, list each. | credit unions, brokerage h | nouses, and other similar |
| | □ No ■ Yes | | | Institution name: | | |
| | | 17.1. | Checking | Bank of America | | \$250.00 |
| | | 17.2. | Savings | Bank of America | | \$25.00 |
| | | 17.3. | SAvings | LGE Credit Union | | \$4,000.00 |
| | ■ No □ Yes | , investm | ent accounts with b | orokerage firms, money market accounts or name: porated and unincorporated business | | t in an LLC, partnership, and |
| | ■ No □ Yes. Give specific in | | | | 0/ - f him | |
| | Negotiable instruments | orate bo s include nents are | personal checks, ca those you cannot t | gotiable and non-negotiable instrumer ashiers' checks, promissory notes, and nor ansfer to someone by signing or deliver | money orders. | |
| | Retirement or pensior Examples: Interests in □ No | n accoun | ts | 403(b), thrift savings accounts, or other | pension or profit-sharing | plans |
| | Yes. List each account | | tely. of account: | Institution name: | | |
| | | TRS | | TRS | | \$27,670.00 |
| 22. | | ed deposi | ts you have made s | so that you may continue service or use t, public utilities (electric, gas, water), tele | | ies, or others |
| | □ V | | | Institution name or individual: | | |

Institution name or individual: ☐ Yes.

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| De | epitor i Normand | ay MeSnon Huff | Case number (if known) | 19-506/2-WLH |
|-----|---|--|--|---|
| 23. | _ ` | act for a periodic payment of money to you, either fo | or life or for a number of years) | |
| | ■ No □ Yes | Issuer name and description. | | |
| | 26 U.S.C. §§ 530(b) | cation IRA, in an account in a qualified ABLE pro (1), 529A(b), and 529(b)(1). | ogram, or under a qualified state tuition pro | gram. |
| | ■ No □ Yes | Institution name and description. Separately file t | the records of any interests.11 U.S.C. § 521(c): | |
| 25. | _ · · | or future interests in property (other than anythir | ng listed in line 1), and rights or powers exe | rcisable for your benefit |
| | ■ No □ Yes. Give specifi | c information about them | | |
| | Examples: Internet No | es, trademarks, trade secrets, and other intellected domain names, websites, proceeds from royalties and conformation about them | | |
| | | es, and other general intangibles | | |
| | | permits, exclusive licenses, cooperative association | on holdings, liquor licenses, professional license | es |
| | | c information about them | | |
| Me | oney or property ow | red to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed | to you | | |
| | ■ No □ Yes, Give specific | c information about them, including whether you alre | eady filed the returns and the tax years | |
| | | , | ,, | |
| | Family support Examples: Past due No Yes. Give specific | e or lump sum alimony, spousal support, child supp | oort, maintenance, divorce settlement, property | settlement |
| 30. | , , | meone owes you wages, disability insurance payments, disability ber s; unpaid loans you made to someone else | nefits, sick pay, vacation pay, workers' comper | nsation, Social Security |
| | Yes. Give specifi | c information | | |
| | Interests in insural Examples: Health, □ No | nce policies disability, or life insurance; health savings account (| (HSA); credit, homeowner's, or renter's insuran | ce |
| | Yes. Name the ins | surance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | | Horis Man Whole Life Insurance | Chardonay Tophia | \$0.00 |
| | | | | vive property because |
| 33. | | rd parties, whether or not you have filed a lawsu tts, employment disputes, insurance claims, or right | | |

Official Form 106A/B Schedule A/B: Property page 4

| Debtor 1 | Normandy MeShon Huff | | Case number (if known) | 19-50672-WLH |
|-------------------|--|----------------------------|-----------------------------|------------------|
| ☐ Yes | Describe each claim | | | |
| 34. Other No | contingent and unliquidated claims of every nature, inclu | iding counterclaims | of the debtor and rights to | set off claims |
| ☐ Yes | . Describe each claim | | | |
| 35. Any fi | nancial assets you did not already list | | | |
| ■ No | | | | |
| ☐ Yes | . Give specific information | | | |
| | the dollar value of all of your entries from Part 4, includin Part 4. Write that number here | | | \$31,945.00 |
| Part 5: Do | escribe Any Business-Related Property You Own or Have an Inter | est In. List any real esta | ite in Part 1. | |
| 37. Do you | own or have any legal or equitable interest in any business-relate | ed property? | | |
| ■ No. G | o to Part 6. | | | |
| ☐ Yes. | Go to line 38. | | | |
| | | | | |
| | escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. Do yo | u own or have any legal or equitable interest in any farm- | or commercial fishir | g-related property? | |
| ■ No | . Go to Part 7. | | | |
| ☐ Ye | s. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| | | | | |
| | u have other property of any kind you did not already list? ples: Season tickets, country club membership | <i>?</i> | | |
| ■ No | , | | | |
| ☐ Yes | Give specific information | | | |
| 54 Add | the dollar value of all of your entries from Part 7. Write th | at number here |] | £0.00 |
| 54. Auu | the donar value of all of your entries from Part 7. Write the | at number nere | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. Part | 1: Total real estate, line 2 | | | \$0.00 |
| 56. Part | 2: Total vehicles, line 5 | \$29,900.00 | | |
| 57. Part | 3: Total personal and household items, line 15 | \$1,325.00 | | |
| 58. Part | 4: Total financial assets, line 36 | \$31,945.00 | | |
| 59. Part | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Part | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Part | 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. Tota | I personal property. Add lines 56 through 61 | \$63,170.00 | Copy personal property to | stal \$63,170.00 |
| 63. Tota | I of all property on Schedule A/B. Add line 55 + line 62 | | | \$63.170.00 |

Official Form 106A/B Schedule A/B: Property page 5

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| FIII In this into | rmation to identity your | case: | | |
|---|--------------------------|-------------------|-------------------------------|------|
| Debtor 1 | Normandy MeSho | on Huff | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF GEORGIA - ATLANTA DIVISION | |
| Case number | 19-50672-WLH | | | |
| (if known) | | | | ■ Ch |
| | | | | an |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the | Property | You | Claim | as Ex | empt |
|---------|----------|-----|-----------------|-----|-------|-------|------|
|---------|----------|-----|-----------------|-----|-------|-------|------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| | • | - | | |
|--|--------------------------------------|-----|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2019 Toyota Rav4 XLE 16000 miles Line from Schedule A/B: 3.1 | \$29,900.00 | | \$5,000.00 | O.C.G.A. § 44-13-100(a)(3) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| 3 BR, LR, DR Line from Schedule A/B: 6.1 | \$1,000.00 | | \$1,000.00 | O.C.G.A. § 44-13-100(a)(4) |
| Line from Schedule AVD. 9.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2 TVs, 1 Cellphone Line from Schedule A/B: 7.1 | \$50.00 | | \$50.00 | O.C.G.A. § 44-13-100(a)(4) |
| Ellic Holli Genedale Av.B. 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Clothing Line from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | O.C.G.A. § 44-13-100(a)(4) |
| Line from Schedule AVD. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| Costume Jewelry Line from Schedule A/B: 12.1 | \$25.00 | | \$25.00 | O.C.G.A. § 44-13-100(a)(5) |
| LINE HOLL SUREdule A/D. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| ription of the property and line on 4/ <i>B</i> that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
|--|--|--|---|--|
| | | Che | eck only one box for each exemption. | |
| | | | | |
| Schedule A/B: 13.1 | \$50.00 | | \$50.00 | O.C.G.A. § 44-13-100(a)(4) |
| concaute 702. 1011 | | | 100% of fair market value, up to any applicable statutory limit | |
| _ | \$250.00 | | \$250.00 | O.C.G.A. § 44-13-100(a)(6) |
| Octional Arb. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| | \$25.00 | | \$25.00 | O.C.G.A. § 44-13-100(a)(6) |
| Scriedule A/B. 11.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | \$4,000.00 | | \$4,000.00 | O.C.G.A. § 44-13-100(a)(6) |
| Scriedule A/B. 11.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| _ | \$27,670.00 | | \$27,670.00 | O.C.G.A. § 44-13-100(a)(2.1)(D) |
| Concade A.B. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | 44-10-100(a)(2.1)(b) |
| | \$0.00 | | \$0.00 | O.C.G.A. § 44-13-100(a)(9) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| | g: Bank of America Schedule A/B: 17.1 : Bank of America Schedule A/B: 17.2 : LGE Credit Union Schedule A/B: 17.3 S S Schedule A/B: 21.1 an Whole Life Insurance ary: Chardonay Tophia Schedule A/B: 31.1 | Schedule A/B: 17.1 E Bank of America Schedule A/B: 17.2 E LGE Credit Union Schedule A/B: 17.3 S Schedule A/B: 21.1 an Whole Life Insurance ary: Chardonay Tophia | g: Bank of America Schedule A/B: 17.1 Bank of America Schedule A/B: 17.2 C: LGE Credit Union Schedule A/B: 17.3 S Schedule A/B: 21.1 Can Whole Life Insurance ary: Chardonay Tophia | g: Bank of America Schedule A/B: 17.1 G: Bank of America Schedule A/B: 17.2 Sank of America Schedule A/B: 17.1 Sank of America Schedule A/B: 17.2 Sank of America Schedule |

| Fill in this information t | o identify your case: | |
|---------------------------------|--|--|
| Debtor 1 | Normandy MeShon Huff | |
| Debtor 2 (Spouse, if filing) | | |
| United States Bankrup | tcy Court for the: NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION | |
| Case number (If known) | 50672-WLH | Check if this is: ■ An amended filing □ A supplement showing postpetition chapter |
| Official Form | 1061 | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
|---|-----------------------|-------------------------------------|-------------------------------|
| If you have more than one job, | Fundament status | ■ Employed | ☐ Employed |
| attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed |
| employers. | Occupation | Secretary | |
| Include part-time, seasonal, or self-employed work. | Employer's name | Cobb County School District | |
| Occupation may include student or homemaker, if it applies. | Employer's address | P.O. Box 1288 Marietta, GA 30061 | |
| | How long employed the | here? 16 Years | |

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing

spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

For Debtor 1 For Debtor 2 or non-filing spouse

2. \$ 3,817.00 \$ N/A

3. +\$ 0.00 +\$ N/A

4. \$ 3,817.00 \$ N/A

| Debto | or 1 Normandy MeShon Huff | | Cas | se number (if kr | nown) | 19-50 |)672-W | LH | |
|-------|--|----------------------|------|------------------|-------|-------|----------------|--------|----------|
| | | | F | or Debtor 1 | | | Debtor 2 | | |
| | Copy line 4 here | 4. | \$ | 3,817 | 7.00 | \$ | | N/A | - |
| 5. | List all payroll deductions: | | | | | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 332 | 2.00 | \$ | | N/A | |
| | 5b. Mandatory contributions for retirement plans | 5b. | | | 9.00 | \$ | | N/A | _ |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$ | | 0.00 | \$ | | N/A | _ |
| ; | 5d. Required repayments of retirement fund loans | 5d. | \$ | (| 0.00 | \$ | | N/A | - |
| ; | 5e. Insurance | 5e. | \$ | 254 | 1.00 | \$ | | N/A | _ |
| | 5f. Domestic support obligations | 5f. | \$ | | 0.00 | \$ | | N/A | _ |
| | 5g. Union dues | 5g. | | | 0.00 | | | N/A | = |
| | 5h. Other deductions. Specify: | 5h. | | | | + \$ | | N/A | - |
| | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5 | | \$ | | 5.00 | \$ | | N/A | _ |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4 | 7. | \$ | 3,002 | 2.00 | \$ | | N/A | - |
| | List all other income regularly received: 8a. Net income from rental property and from operating a bus profession, or farm Attach a statement for each property and business showing greeceipts, ordinary and necessary business expenses, and the | oss | | | | | | | |
| | monthly net income. | 8a. | \$ | (| 0.00 | \$ | | N/A | |
| | 8b. Interest and dividends | 8b. | | | 0.00 | \$ | | N/A | _ |
| ; | 8c. Family support payments that you, a non-filing spouse, or regularly receive Include alimony, spousal support, child support, maintenance, settlement, and property settlement. | • | \$ | (| 0.00 | \$ | | N/A | _ |
| | 8d. Unemployment compensation | 8d. | \$ | (| 0.00 | \$ | | N/A | - |
| | 8e. Social Security | 8e. | \$ | (| 0.00 | \$ | | N/A | _ |
| ; | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cathat you receive, such as food stamps (benefits under the Sup Nutrition Assistance Program) or housing subsidies. Specify: | | \$ | (| 0.00 | \$ | | N/A | |
| | 8g. Pension or retirement income | 8g. | | | 0.00 | \$ | | N/A | _ |
| , | 8h. Other monthly income. Specify: | 8h. | + \$ | (| 0.00 | + \$ | | N/A | _ |
| 9. | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | (| 0.00 | \$ | | N/A | A |
| 10. | Calculate monthly income. Add line 7 + line 9. | 10. | 5 | 3,002.00 | + \$ | | N/A | = \$ | 3,002.00 |
| | Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spot | use. | | 0,002.00 | | | -1471 | | 0,002.00 |
| (| State all other regular contributions to the expenses that you list Include contributions from an unmarried partner, members of your hoother friends or relatives. Do not include any amounts already included in lines 2-10 or amount Specify: | ousehold, your deper | | | | | chedule 11. | | 0.00 |
| , | Add the amount in the last column of line 10 to the amount in lin Write that amount on the Summary of Schedules and Statistical Sum applies | | | | | | | \$ | |
| 13. | Do you expect an increase or decrease within the year after you No. | file this form? | | | | | | monthl | y income |
| | ☐ Yes, Explain: | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill in this information to identify your o | case: | | | | |
|--|--|--|-----------|-------------------|-------------------------------|
| Debtor 1 Normandy MeS | hon Huff | | Ch | eck if this is: | |
| Normanay meet | | | | An amended filing | |
| Debtor 2 | | | _ | A supplement sho | wing postpetition chapter |
| (Spouse, if filing) | | | | 13 expenses as of | the following date: |
| ' ' | NORTHERN DISTRICT OF GEOR ATLANTA DIVISION | GIA - | | MM / DD / YYYY | |
| Case number (If known) 19-50672-WLH | | | | | |
| Official Form 106J | _ | | | | |
| Schedule J: Your Ex | penses | | | | 12/15 |
| Be as complete and accurate as posinformation. If more space is neede number (if known). Answer every question and the space of the spa | d, attach another sheet to this fuestion. | | | | |
| 1. Is this a joint case? | | | | | |
| ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a | separate household? | | | | |
| ☐ No ☐ Yes. Debtor 2 must file | e Official Form 106J-2, <i>Expenses</i> | for Separate Household | of De | ebtor 2. | |
| Do you have dependents? □ | No | | | | |
| | Yes. Fill out this information for each dependent | Dependent's relationsl Debtor 1 or Debtor 2 | hip to | Dependent's age | Does dependent live with you? |
| | · | | | | □ No |
| Do not state the dependents names. | | Daughter | | 20 | ■ Yes |
| dependente names. | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| Do your expenses include expenses of people other than yourself and your dependents? | | | | | |
| Part 2: Estimate Your Ongoing In Estimate your expenses as of your expenses as of a date after the bank applicable date. | bankruptcy filing date unless yo | | | | |
| Include expenses paid for with non- the value of such assistance and ha (Official Form 106I.) | • | - | | Your exp | penses |
| The rental or home ownership payments and any rent for the group. | expenses for your residence. In ound or lot. | clude first mortgage | 4. | \$ | 200.00 |
| If not included in line 4: | | | | | |
| 4a. Real estate taxes | | | 4a. | \$ | 0.00 |
| 4b. Property, homeowner's, or | renter's insurance | | 4b. | \$ | 0.00 |
| 4c. Home maintenance, repair | | | 4c. | · : | 0.00 |
| 4d. Homeowner's association | or condominium dues s for your residence , such as hon | no oquity loops | 4d. 5. | | 0.00 |

| Deb | tor 1 Normandy MeShon Huff | Case numl | per (if known) | 19-50672-WLH |
|-----|---|-----------|----------------|------------------------------|
| 6. | Utilities: | | | |
| ٠. | 6a. Electricity, heat, natural gas | 6a. | \$ | 205.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 85.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 0.00 |
| | 6d. Other. Specify: Cellular Phone | 6d. | \$ | 225.00 |
| | Cable/Internet | | \$ | 216.00 |
| | Lawncare | | \$ | 200.00 |
| 7. | Food and housekeeping supplies | 7. | \$ | 300.00 |
| 8. | Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | | 20.00 |
| 10. | | 10. | | 35.00 |
| | Medical and dental expenses | 11. | · — | 0.00 |
| | Transportation. Include gas, maintenance, bus or train fare. | | | |
| | Do not include car payments. | 12. | \$ | 112.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. | | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | | 51.00 |
| | 15b. Health insurance | 15b. | · | 0.00 |
| | 15c. Vehicle insurance | 15c. | · - | 300.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | | 513.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | · | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report a deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I) | | \$ | 0.00 |
| 19. | | | \$ | 0.00 |
| | Specify: | 19. | | |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Sch | | | |
| | 20a. Mortgages on other property | 20a. | | 0.00 |
| | 20b. Real estate taxes | 20b. | · | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Other: Specify: Pet Expenses | 21. | +\$ | 50.00 |
| 22 | Calculate your monthly expenses | | | |
| ۷۷. | 22a. Add lines 4 through 21. | | \$ | 2,512.00 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 2,012.00 |
| | | | | 0.540.00 |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,512.00 |
| 23. | Calculate your monthly net income. | | | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,002.00 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 2,512.00 |
| | | I | | , |
| | 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 490.00 |
| 24. | Do you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? ■ No. □ Yes. Explain here: | | | ase or decrease because of a |
| | <u>'</u> | | | |

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| Fill in this information to identify your case: | | | | | |
|---|----------------------|-------------------|--------------------------------|--|--|
| Debtor 1 | Normandy MeShon Huff | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | FOF GEORGIA - ATLANTA DIVISION | | |
| Case number | 19-50672-WLH | | | | |
| (if known) | | | | | |
| | | | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | | |
|---|---|--------------|--------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 63,170.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 63,170.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 28,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 16,300.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 69,187.00 |
| | Your total liabilities | \$ | 113,487.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,002.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,512.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other scl | hedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Normandy MeShon Huff Case number (if known) 19-50672-WLH

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,263.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total | claim |
|--|-------|--------|
| The state of the s | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 300.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 300.00 |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

| IN RE: | * | CASE NO. 19-50672-WLH |
|----------------------|---|-----------------------|
| | * | |
| Normandy MeShon Huff | * | CHAPTER 13 |
| | * | |
| | * | |
| Debtor. | * | |

UNSWORN DECLARATION UNDER PENALTY OF PERJURY

| I, Normandy MeShon Huff, hereby certify und knowledge of the information in the attached pleading | |
|--|------------------|
| Signed: s/ Normandy MeShon Huff | Date: 12/24/2020 |